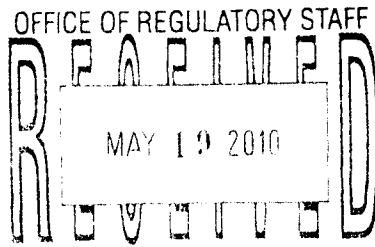


STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo



BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 208 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Cro-Med, LLC

Telephone: (803) 476-6118

Address: 11 Red Cedar Dr  
Columbia, SC 29229

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

**RECEIVED**

Date: 5/10/10

MAY 19 2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Cro-Med Logistics

Cromed, LLC

11 Red Cedar Dr. Columbia, SC 29229

Street Address of Applicant

Mailing Address of Applicant if different from street address

(803) 476-6118

Phone

Fax

MALCOLM@SC6@aol.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Malcolm Yowen 11 Red Cedar Dr. Columbia, SC 29229

Robert Cronan 105 Thames Valley Ct IRMO, SC 29063

835

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month May Year 2010

### Assets:

Cash	\$ 30,000
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 15,000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	\$ 500
Prepays and Other Assets	
<b>Total Assets</b>	\$ 45,500
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	0
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	\$ 45,500
<b>Total Liabilities and Equity</b>	\$ 45,500

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

~~per LOCISICARE STANDARDS~~  $\approx \$187.^{00}/\text{mile}$

Counties to be Served:

~~F. B. D.~~

- |              |             |
|--------------|-------------|
| - Lexington  | - Lee       |
| - Richland   | - Aiken     |
| - Orangeburg | - Clarendon |
| - Sumter     | - Saluda    |
| - Calhoun    |             |
| - Charleston |             |
| - Kershaw    |             |

Maximum Number of Passengers per Vehicle:

2-7

# INSURANCE QUOTE

- See Attached <sup>1</sup>/<sub>X</sub>

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

\_\_\_\_\_  
Name of Motor Carrier

\_\_\_\_\_  
Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

*See Attached*

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.



**Fwd: LogistiCare Insurance Quote**

Wednesday, May 19, 2010 12:35 PM

From: "Malcolm Young" <malcolmx\_29229@yahoo.com>

To: malcolmx\_29229@yahoo.com

From: malcolmdsc6@aol.com <malcolmdsc6@aol.com>

Subject: Fwd: LogistiCare Insurance Quote

To: malcolmx\_29229@yahoo.com

Date: Thursday, April 2010, 10:24 PM

-----Original Message-----

From: Amanda T. Crews <amandac@logisticare.com>

To: malcolmdsc6@aol.com

Sent: Thu, Apr 19, 2010 3:44 pm

Subject: LogistiCare Insurance Quote

Malcolm,

Per our phone conversation, the following quote has been prepared for you through Discover Property & Casualty Insurance Company.

Commercial Auto Liability \$1,000,000.00

Uninsured Motorist Coverage \$75,000.00

Underinsured Motorist Coverage \$75,000.00

Medical Payments Coverage \$5,000.00/person

Comprehensive & Collision Coverage \$1,000.00 deductible

Commercial General Liability Coverage \$1,000,000.00 per occurrence with a \$2,000,000.00 aggregate

Annual premium \$4,295.00/vehicle

Financing is available with a down payment of \$441.65 & 9 additional monthly payments of \$441.65 each.

If you have any questions, please do not hesitate to give me a call. Thank you for the opportunity to quote your business!

Regards,

Amanda Crews

LogistiCare Insurance Services

706-468-8883 ext 10

706-468-8848 fax

**Exhibit FWA**

*Cro-Med*

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

## Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Richland

Mallory  
Applicant's Signature

I, Malcolm Yowley, Vice President  
Name of Applicant's Representative Title  
of CRO - Med Logistics,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Mallory  
Signature of Applicant's Representative

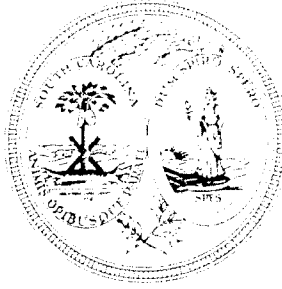
SWORN TO BEFORE ME  
This 16<sup>th</sup> day of JUNE, 2010

Kristine Ashley  
Notary Public

Commission Expires My Commission Expires August 14, 2017



# *The State of South Carolina*



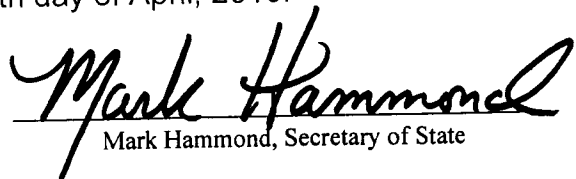
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

CROMED LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 28th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
28th day of April, 2010.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

APR 28 2010

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

*Mark Hammond*  
~~SECRETARY OF STATE~~  
**TYPE OR PRINT SECRETARY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Cromed LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

11 CEDAR DR

Street Address

Columbia

City

SC

State

29229

Zip Code

3. The initial agent for service of process is

Robert Cronan

Name

*Robert M. Cronan*  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

165 Thames Valley Ct

Street Address

Irmo

City

SC

State

29063

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Robert Cronan

Name

165 Thames Valley Ct

Street Address

Irmo SC

City

State

29063

Zip Code

(b)

Name

Street Address

City

100428-0067  
CROMED LLC

FILED: 04/28/2010

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip Code

(b) \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
 \_\_\_\_\_

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Robert M. Carr  
 Signature of Organizer

4/28/10  
 Date

\_\_\_\_\_  
 Signature of Organizer

\_\_\_\_\_  
 Date